

Reinstatement Request



TO: California Student Aid Commission
Application & File Services, Reinstatement Coordinator
P.O. Box 510622
Sacramento, CA 94245-0622

From:	
Name	Phone number
Institution name	Fax number
Lender ID	Date

Borrower Information:	
Last name	First name
SSN	FAPS loan ID

(Check one): ☐ **SUB** ☐ **UNSUB** ☐ **SLS** ☐ **PLUS**

Loan cancelled due to administrative cancellation edit: ☐ No ☐ Yes

(if yes, indicate the date of cancellation) _____

Reason for reinstatement _____

Disbursement Information (Indicate what should be reflected on FAPS upon completion of reinstatement):

	Status	Disb date	Disb amount	Ins prem fee
1st Disb				
2nd Disb				
3rd Disb				
4th Disb				

COMMISSION STAFF ONLY

Date approved	Date denied
Signature ▶	Denial reason